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## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10002273-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Improved Reliability And Performance Of SNMP Status Through Protocol With Reliability Limitations

the specification of wh	ich is atta	ached hereto unless	the following box is	check	ed:			
( ) was filed on as US Application Serial No. or PCT International Application Number and was amended on (if applicable).								
I hereby state that I hincluding the claims, a disclose all information	s amend	ed by any amendm	ent(s) referred to a	bove.	I acknowle			
Foreign Application(s) and/or	Claim of Fo	oreign Priority						
I hereby claim foreign priorit inventor(s) certificate listed b filing date before that of the	elow and h	ave also identified below	any foreign application					
COUNTRY		APPLICATION NUMBER	DATE FILED		PRIORITY CLAIMED UNDER 35 U.S C. 119			
				Ì	YES.	NO:		
					YES:	NO:		
	ΔΡΡΙ	ICATION SERIAL NUMBER	FILING DATE					
U. S. Priority Claim	L							
I hereby claim the benefit us insofar as the subject matte manner provided by the first information as defined in Tit application and the national of	r of each o t paragraph le 37, Code	of the claims of this appl of Title 35, United State of Federal Regulations,	ication is not disclosed tes Code Section 112, I Section 1.56(a) which c	in the pr acknow	ior United Stat ledge the duty	es application in t to disclose mater		
APPLICATION SERIAL NUMBER		FILING DATE	STA	STATUS (pater		nted/pending/abandoned)		
						<del></del>		
POWER OF ATTORNEY: As a named inventor, I he business in the Patent and T				prosecut	e this applicat	ion and transact		
Customer	Number [	022879	Place Custome Number Bar Coo Label here					

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Direct Telephone Calls To:

James R. McDaniel

(208) 396-4095

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Residence:	688 Palmetto Dr., Eagle, ID 83616		
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Einest	F Corlli	2/1/	61
Inventor's Signature		Date	

Send Correspondence to: HEWLETT-PACKARD COMPANY Intellectual Property Administration

Fort Collins, Colorado 80527-2400

P.O. Box 272400

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## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10002273-1

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Full Name of # 4 joint inventor:	Steven Kolstad  3540 Curt Dr., Meridian, ID 8364		Citizenship: US	
Residence:	Same as Residence			
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Full Name of # 5 joint inventor	:	<u>.</u>	Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 6 joint inventor	:	<del></del>	Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 7 joint inventor			Citizenship:	
Residence:				
Post Office Address:				
Tost Office Address.				
Inventor's Signature		Date		
Full Name of # 8 joint invento	r:	<u></u>	Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Data		